

**District of Columbia Property Tax Credit Information****If renting, enter rental information below (Residents only)**

Type of property (1 = Private home, 2 = Apartment, 3 = Rooming house, 4 = Condominium) \_\_\_\_\_ [1]  
 Landlord's name \_\_\_\_\_ [2]  
 Landlord's address (Number and street) \_\_\_\_\_ [3]  
 \_\_\_\_\_ [4]  
 Apartment number \_\_\_\_\_ [5]  
 City \_\_\_\_\_ [6]  
 State \_\_\_\_\_ [7]  
 Zip code \_\_\_\_\_ [8]  
 Landlord's telephone number \_\_\_\_\_ [9]  
 Rent paid \_\_\_\_\_ [10]  
 Rent supplements received \_\_\_\_\_ [11]

**If property owner, enter real property information below**

Square number \_\_\_\_\_ [12]  
 Suffix number \_\_\_\_\_ [13]  
 Lot number \_\_\_\_\_ [14]

**Use Tax**

Purchases subject to use tax  
 Merchandise, services and rentals \_\_\_\_\_ [15]  
 Alcoholic beverages \_\_\_\_\_ [16]  
 Catered food or drink or rental of non-commercial vehicles \_\_\_\_\_ [17]

**Contribution****Amount of contribution you wish to make to:**

DC Statehood Delegation Fund (Political Contribution) \_\_\_\_\_ [19]  
 Public Trust for Drug Prevention and Children at Risk (Charitable Contribution) \_\_\_\_\_ [20]  
 Anacostia River Cleanup and Prevention Fund (Charitable Contribution) \_\_\_\_\_ [21]

**Part-year Resident Information****If you were a part-year resident during the tax year, enter the dates you lived in the District of Columbia**

Part-year residency dates:  
 From \_\_\_\_\_ [22]  
 To \_\_\_\_\_ [23]

**Disability Information**

	Name of Employer	Payer, if other than employer	No. of Weeks
Taxpayer	_____ [24]	_____ [25]	_____ [26]
Spouse	_____ [27]	_____ [28]	_____ [29]

Mark if physician's certification previously filed \_\_\_\_\_ [30]

Otherwise, enter:

Physician's name \_\_\_\_\_ [31] \_\_\_\_\_ [32] \_\_\_\_\_ [33]  
 Address, apartment number \_\_\_\_\_ [34] \_\_\_\_\_ [35]  
 City, state, zip code \_\_\_\_\_ [36] \_\_\_\_\_ [37] \_\_\_\_\_ [38]  
 Telephone number \_\_\_\_\_ [39]

**NOTES/QUESTIONS:**